

United Way of Greater Atlanta FLUXX Application Forms
2022 Request for Proposals – College and Career Ready Learning Loss (Academic Support) RFP
REFERENCE ONLY – ALL APPLICATIONS MUST BE SUBMITTED IN FLUXX



Organizational Card

Organization Information

Organization Name

Briefly describe your organization (200 words).

Characters left for field: 1000


Is the organization in the 211 database?  


Also Known As



Previously Known As

Street Address

Street Address 2




Country 

State/Province 

County  

City

Postal Code

<input type="text"/>	Tax ID	<input type="text"/>
<input type="text"/>	Organization Phone	<input type="text"/>
<input type="text"/>	Phone Extension	<input type="text"/>
<input type="text"/>	Email	<input type="text"/>
<input type="text"/>	Agency Website	<input type="text"/>
<input type="text"/>	Agency Type	<input type="text"/>  
<input type="text"/>	Year Agency Founded	<input type="text"/>
<input type="text"/>	Primary Contact	<input type="text"/> 

CEO Contact Information

<input type="text"/>	First Name	<input type="text"/>
<input type="text"/>	Last Name	<input type="text"/>
<input type="text"/>	Work Phone	<input type="text"/>
<input type="text"/>	Work Phone Extension	<input type="text"/>
<input type="text"/>	Email	<input type="text"/>

Board Composition

Please ensure that the total number of people in the race section **matches** the total number in the ethnicity section.

▼ # of Board Members

Race

<input type="radio"/> Black	<input type="text"/>
<input type="radio"/> Asian	<input type="text"/>
<input type="radio"/> American Indian or Alaska Native	<input type="text"/>
<input type="radio"/> White	<input type="text"/>
<input type="radio"/> Multiracial	<input type="text"/>
<input type="radio"/> Native Hawaiian Other Pacific Islander	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

Ethnicity

<input type="radio"/> Hispanic/Latinx (of any race)	<input type="text"/>
<input type="radio"/> Non-Hispanic/Non-Latinx (of any race)	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

Gender

<input type="radio"/> Male	<input type="text"/>
<input type="radio"/> Female	<input type="text"/>
<input type="radio"/> Gender Non-Conforming	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

▼ # of Executive Staff

Race

<input type="radio"/> Black	<input type="text"/>
<input type="radio"/> Asian	<input type="text"/>
<input type="radio"/> American Indian or Alaska Native	<input type="text"/>
<input type="radio"/> White	<input type="text"/>
<input type="radio"/> Multiracial	<input type="text"/>
<input type="radio"/> Native Hawaiian Other Pacific Islander	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

Ethnicity

<input type="radio"/> Hispanic/Latinx (of any race)	<input type="text"/>
<input type="radio"/> Non-Hispanic/Non- Lantinx (of any race)	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

Gender

<input type="radio"/> Male	<input type="text"/>
<input type="radio"/> Female	<input type="text"/>
<input type="radio"/> Gender Non- Conforming	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

▼ # Staff

Race

<input type="radio"/> Black	<input type="text"/>
<input type="radio"/> Asian	<input type="text"/>
<input type="radio"/> American Indian or Alaska Native	<input type="text"/>
<input type="radio"/> White	<input type="text"/>
<input type="radio"/> Multiracial	<input type="text"/>
<input type="radio"/> Native Hawaiian Other Pacific Islander	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

Ethnicity

<input type="radio"/> Hispanic/Latinx (of any race)	<input type="text"/>
<input type="radio"/> Non-Hispanic/Non- Lantinx (of any race)	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

Gender

<input type="radio"/> Male	<input type="text"/>
<input type="radio"/> Female	<input type="text"/>
<input type="radio"/> Gender Non- Conforming	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

▼ % Community Served

Race

- Black
- Asian
- American Indian or
Alaska Native
- White
- Multiracial
- Native Hawaiian Other
Pacific Islander
- Other
- Data Not Collected

Ethnicity

- Hispanic/Latinx (of any
race)
- Non-Hispanic/Non-
Lantinx (of any race)
- Data Not Collected

Gender

- Male
- Female
- Gender Non-
Conforming
- Data Not Collected

General Information

- How is your organization working to advance equitable outcomes in low and very low CWB communities?


Characters left for field: 1000

- How will your organization know when you have achieved success?

- Is the organization accredited or certified?  

- Is the agency affiliated with any state or national chapter?  

- Does the organization have a data protection policy?  

- Does the organization have a policy for client and employee grievance?  

- What's your board's role in fundraising, governance and strategic planning?

Fiscal Year Start Date (MM/DD)

Fiscal Year End Date (MM/DD)



Annual Income: Please enter your total revenue for the most recently completed fiscal year (whole numbers only).

Annual Expenses: Please enter your total operating expenses for the most recently completed fiscal year (whole numbers only).

Annual Budget: Please enter your total annual operating budget (whole numbers only) for current fiscal year.

If expenses exceeded income for the most recently completed fiscal year, please explain the reason for the deficit and how the organization is addressing the shortfall.

Characters left for field: 1250


Does an unaffiliated, licensed CPA perform an audit, review, or compilation of the agency's financial statements based on the requirements of the United Way?  

Grant Application for Learning Loss (Academic Support) Funding Opportunity

Organization Information

Organization [Add New](#)


Location ▼




Primary Contact ▼


Primary Signatory ▼

Secondary Contact ▼

Does this grant include a Fiscal Sponsor? ▼ 

Please select what you are requesting funding for to see the correct application.

Is this a request for funding under Capacity Building or an IPA/Pathway? ▼ 

Please specify. ▼ 

****LEARNING LOSS (ACADEMIC SUPPORT)****

Grant Information

Program Title

Provide an overall description of the project or program and intended objective.
(500 character limit)

Characters left for field: 500

How will the requested funding affect your work?

Start Date

End Date

Amount Requested

What is the type of funding request?

****LEARNING LOSS (ACADEMIC SUPPORT)****

Racial Equity Framework

United Way uses the following components to define a racial equity framework:
(adapted from article: Grantmaking with a Racial Equity Lens, GrantCraft)

A racial equity lens may include the following components:

- Analyzing data and information about equity
- Understanding disparities and learning why they exist
- Looking at problems and their root causes from a structural standpoint
- Naming race explicitly when talking about problems and solutions

☞ Please describe how your organization is learning about and deepening your understanding of racial equity.

☞ How does your understanding of racial equity/structural inequities inform how you develop and implement programs?

☞ How do you listen to and incorporate feedback from current clients? How has this feedback impacted or evolved your service delivery?


****LEARNING LOSS (ACADEMIC SUPPORT)****

Learning Loss DFCS - Academic Support

Number of young people served annually.

Please select the academic strategy(ies) that your organization provides to address learning loss:

Build Reading Skills Improve Math Fluency School Transition Strengthen Family Engagement Learning Acceleration	>	
	<	



Describe how your organization will reduce learning loss through your programming. Include the description of academic support services and specific education resources to help youth re-engage and connect, support learning and developmental skill building, and meet the immediate needs of youth and families.

Describe the youth, family, and community outreach methods to support program design and to recruit youth to the program.

****LEARNING LOSS (ACADEMIC SUPPORT)****

Describe how the selection of programs and activities reflects the unique needs and interests of the youth who will be served and the surrounding community. Include how your organization ensures youth and families have input in the activities and programs provided.

Does your organization incorporate the two-generation approach in your career pathway program? If yes, please describe how you serve the whole family (<https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>).

How does your organization reduce barriers e.g., transportation and enrollment cost for program participants to ensure program access for all youth?

Does your organization collaborate with school district(s)?



****LEARNING LOSS (ACADEMIC SUPPORT)****

○ Please list the name of schools and if you provide services before school, during school or after school.

○ Describe how your organization has utilized innovative practices to address pandemic challenges.

○ How often does your organization provide programming and services for young people (days, hours, weeks, etc.)?

○ Describe how your organization provides meaningful youth engagement as a core component of your program e.g., engaging youth in the program decision-making and the implementation process.

Provide the number of young people served per region(s). Please reference [this document](#) to assist with this question.

<input type="radio"/> Region 1	<input type="text"/>
<input type="radio"/> Region 2	<input type="text"/>
<input type="radio"/> Region 3	<input type="text"/>
<input type="radio"/> Region 4	<input type="text"/>
<input type="radio"/> Region 5	<input type="text"/>
<input type="radio"/> Region 6	<input type="text"/>
<input type="radio"/> Region 7	<input type="text"/>
<input type="radio"/> Region 8	<input type="text"/>
<input type="radio"/> Region 9	<input type="text"/>
<input type="radio"/> Region 10	<input type="text"/>
<input type="radio"/> Region 11	<input type="text"/>

<input type="radio"/> Region 12	<input type="text"/>
<input type="radio"/> Region 13	<input type="text"/>
<input type="radio"/> Region 14	<input type="text"/>

****LEARNING LOSS (ACADEMIC SUPPORT)****

Measurement

How has your organization historically defined success and given the current climate, what will success look like moving forward?

What will you accomplish with this funding? Please include how your organization will capture how much was done, how well it was done, and what difference your efforts make in the community.

****LEARNING LOSS (ACADEMIC SUPPORT)****

Demographics

Please enter the number of participants served by the program for each category below.

Please enter the number of participants your work is serving in each age group.

<input type="radio"/> Under 5 Years Old	<input type="text"/>
<input type="radio"/> 5-9 Years Old	<input type="text"/>
<input type="radio"/> 10-14 Years Old	<input type="text"/>
<input type="radio"/> 15-19 Years Old	<input type="text"/>
<input type="radio"/> 20-24 Years Old	<input type="text"/>
<input type="radio"/> 25-34 Years Old	<input type="text"/>
<input type="radio"/> 35-44 Years Old	<input type="text"/>
<input type="radio"/> 45-54 Years Old	<input type="text"/>
<input type="radio"/> 55-59 Years Old	<input type="text"/>
<input type="radio"/> 60+ Years Old	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

Please enter the number of participants your work is serving in each gender group.

<input type="radio"/> Female	<input type="text"/>
<input type="radio"/> Male	<input type="text"/>
<input type="radio"/> Gender Non-Conforming	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

****LEARNING LOSS (ACADEMIC SUPPORT)****

*Please enter the number of participants in each race group. The total number of participants in the race section should **match** the total number of participants in the ethnicity section below.*

<input type="radio"/> Black	<input type="text"/>
<input type="radio"/> Asian	<input type="text"/>
<input type="radio"/> American Indian or Alaska Native	<input type="text"/>
<input type="radio"/> White	<input type="text"/>
<input type="radio"/> Multiracial	<input type="text"/>
<input type="radio"/> Native Hawaiian Other Pacific Islander	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

*Please enter the number of participants in each ethnicity group. The total number of participants in the ethnicity section should **match** the total number of participants in the race section above.*

<input type="radio"/> Hispanic/Latinx (of any race)	<input type="text"/>
<input type="radio"/> Non-Hispanic/Non- Lantinx (of any race)	<input type="text"/>
<input type="radio"/> Data Not Collected	<input type="text"/>

****LEARNING LOSS (ACADEMIC SUPPORT)****

Grant Budget

Please add your program budget below. Enter the budget information to match the requested grant period.

Income Sources +

No Income Sources have been added

Expense Budgets +

No Expense Budgets have been added

**END OF
LEARNING LOSS
(ACADEMIC SUPPORT)
APPLICATION**